CHICAGO
MEDICAL JUORNAL.

VOL XXII.] JUNE, 1865. [No. 6.

ORIGINAL COMMUNICATIONS.

ON DIARRHŒA AS SEEN IN THE CAMPS.

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Messrs. Editors Chicago Medical Journal:—

I have the pleasure to lay before you for publication, a few words upon the subject of Diarrhœa, and which, if they are worthy, I am confident you will find a place for in your *Journal*, especially as the ideas advanced are based upon those principles of Medicine taught at the College in which you occupy the position of instructors, and of which, I am proud to say, I am a graduate.

I do not propose to advance an elaborate article upon the subject upon which so much has been said—of the cause, treatment, and morbid anatomy of this disease—indeed, that I am not competent to do so, I can say with no discredit, but

I do propose to tell what I have seen myself; to recommend those plans of treatment that have proved the most successful with me; to call to mind old facts and to claim no credit for the discovery of new ones.

Since March, 1864, I have been continually employed as Contract Surgeon by our Government, and doing duty in general hospitals, the greater portion of the time in Nashville, Tenn., and among the great variety of diseases thus brought under my immediate notice, none appeared so frequently, or whose treatment was so unsatisfactory—not only at my own hands, but at those of my medical associates—as the disease under consideration—filling the hospitals with men that, but for this affection, would be able to do duty in the field.

I do not wish to be understood as speaking of this disease as an insignificant or simple one; on the contrary, I wish to urge its great, and I am inclined to think unacknowledged, importance. Often have I heard the medical attendant say to his visitors, "All these patients have *only* a diarrhœa."

"What treatment are they under?" you ask. The answer is, "Treatment does them no good," or "They complain of greater discomfort when their discharges are controlled." And upon inquiry you learn that the way these unfortunate fellows get their "discharges controlled" is by some astringent preparation, placed in the ward for general distribution, with directions to a nurse (who enlisted to destroy life with combustible powder, but being elevated to the position of apothecary, becomes the means of accomplishing the same object with powders, not always combustible but often equally destructive,) to give all patients with diarrhœa a certain amount at certain intervals, of a certain astringent preparation, common to all; treating, or rather maltreating, all upon the assumption that their ailments are similar, and therefore universal benefit must be derived from the same prescription; or in other cases you may find Hope's Mixture, or Camp. et Opii Pil., or some other of the astringents usually employed, pre-

scribed, but all given for a common purpose, i. e., "to *control the discharge.*"

Again, may be found some one who does not follow the same routine practice, who has found that in some cases a mild cathartic may be of service in unloading the beseiged bowel of any irritating substance that may have been industriously crammed into it under the name of sanitary purposes, and before the "discharge controlling" practice came into effect; or who accomplish the same by depleting from the portal circulation, etc., and having done this, thinks he has done everything, (and Heaven knows this is better, and not so frequently the case as the other extreme,) and is surprised that the patient does not recover under his remedy (which he continues to ply,) and several well men's rations of half-cooked beans, beef, and sutler's sole-leather pies—of the partaking of which, however, he never knows—never having heard that a man's stomach may not be made a general purveying depot for any substance, and having no rational idea of its capacity.

Many practitioners are not aware that their patients are employing an improper diet, but they *should know and prevent it*, and prescribe the diet (in my opinion the most important part of the treatment,) with as much regularity and care as he does his pills and powders.

Another class condemn all therapeutical measures and contend that dietetic treatment is *all* that is necessary; but from ignorance or inattention, an injudicious selection of the article of diet, is equally unsuccessful with the others.

I do not mean to say that all of these practitioners are unskillful, I would rather think that they are indolent, and the fatigue and difficulty of inquiring into each individual case, when an entire ward full is depending upon his hands for treatment, has a way of reminding one of a comfortable place to sit down, where diarrhœa can not come, that is very hard to resist. Besides, more patients are usually entrusted to the care of surgeons in hospitals, than they can do justice to, as many as one hundred and fifty not unfrequently depending

for treatment upon one person. The result is, that the Medical attendant fails to do justice to the patients, himself, or the profession he should strive to improve and cultivate.

Many diarrhœas are due to causes that can not be always removed; of these I shall not speak. I would refer to those disorders occurring from errors in diet, and constituting, in my opinion, a greater proportion than have been generally acknowledged; those too, who have diarrhœa arising from other causes, are often kept in a state of prostration by improper food and medication, long after the first cause has been removed.

I have heard surgeons say, "My patients can not complain of their diet at my hospital; they have all they want." And here is where the error often lies; the patient being the only judge of what he shall eat. But under some circumstances they are not so fortunate. Food of an inferior and unsuitable kind, or if good, spoiled by the inefficiency of cooks who, so far as my experience extends, are enlisted men, with no knowledge of that branch of industry, and who do not remain in the situation long enough to profit by what they learn there, but are sent to the field and their places in turn supplied by others, who are themselves deposed by some examining board or by an order to send all men able for duty to their respective commands.

I think it would be a measure of economy if our Government would procure efficient cooks, even if obliged to employ them as such, and have at least one in every general hospital.

I am inclined to think that many diarrhœas are kept up by a state of irritation which, if allowed to go down, the patient would be restored. I can say that I have cured many patients by simply regulating the diet, carefully noting such substances, in each individual case, as appeared to agree the best with them, and excluding all others. Employing as few articles at a time as possible, at the same time attending to the general condition of the system, and surrounding the patient with those hygienic influences, so truly important alike to the healthful and infected.

I found some done well on nitorginous food, others on farinaceous or oleaginous, but the latter less frequently produced good results. Some were totally unable to take food at all, the stomach rejecting at once any and everything taken into it, or only after a time of nausea and oppression, accompanied by griping pains in the bowels; in such cases I enforced total abstinence, allowing the patient to take nothing into his stomach until all such symptoms had entirely passed away, and was then gratified to find that some article of food would be acceptable if given in proper quantities and properly prepared, while the pain, nausea, and oppression so frequently complained of before, were lessened or totally destroyed.

For four months last summer I was ill with the disease myself, during which time, not only myself but all my medical associates industriously contributed to my misery, and the amount of medicine I swallowed is truly fabulous. Everybody had a formula that was a sure one, and congratulated me on my good fortune in falling into their hands for treatment, while I regretted that the same had not sooner taken place.

At last I discontinued all medication, and the sense of discomfort in my abdomen taught me what I could *not* eat, and suggested the propriety of thinking of something that I *could*, and from that date I began to recover, and did so entirely in a reasonable time.

At times I found that I could not eat the least particle of farinaceous food without severe griping pain, while animal soups and even meats properly prepared, would occasion no discomfort. I could even eat baked beans, while wheat bread *always* caused pain. In other cases that afterwards occurred in my practice there, I noticed the same peculiarity

I suppose this was occasioned by the difference in the seat of the irritation, which exists where certain elements of food were digested, therefore such articles as contained these elements always produced pain.

When I received a patient for treatment with Diarrhœa, I removed all substances from the intestinal canal by a mild but thorough cathartic; having done this, I found what articles of food would be best received and in what quantities. If much irritation of the stomach existed, the usual means were employed to relieve it, small pieces of ice swallowed always proving grateful to the patient. In the greater number of cases stimulant treatment was necessary, as soon as the irritability was sufficiently allayed by rest, both mechanical and physiological, and usually whiskey, or in other cases mur. tinc. ferri was the prescription, stronger astringents than these I never found necessary. Sometimes opium to allay pain in the bowels, but I generally found that if a proper diet was chosen, no pain was produced.

When the disease was characterized by remissions quinine was used, frequently in combination with piper nigra pulvis.

The most scrupulous attention to cleanliness of person, clothing, and everything surrounding the patient, fresh air, and a uniform temperature, meals at regular hours, and in proper quantities, and consisting mostly of soups, solid food being excluded as much as possible.

At home I have a perfect history of my own and many other cases, that I could produce if necessary, to show the value of this treatment, but as I write from the field I can not do so at present.

CLINICAL LECTURES ON DISEASES OF THE EYE.

By E. L. HOLMES, M. D., of Chicago,
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THE SCLEROTICA, OR SCLERA.

Gentlemen:—The case of Hydrophthalmos and of partial staphyloma of the sclerotic, which I have presented to your notice within the past fortnight, are examples of the diseases of which I propose to speak to you to-day.

The sclerotic is the dense, white membrane, with scarcely any elasticity, which gives firmness to the walls of the globe. It varies in thickness from two-fifths to one-half a line, being usually thicker at its posterior than its anterior half. In old age it becomes harder, and at the same time thinner, than in youth. It is composed of several ill-defined layers of white tissue, the fibres of which are so interlaced with each other that the layers can be separated with difficulty. There are also a few fibres of elastic tissue, and also a large number of cells mingled with the fibrous tissue. Anteriorly, the structure of the sclerotic passes abruptly into that of the cornea. Posteriorly, the external layers of the sclerotic continue backwards as a covering of the optic nerve, which may also be considered as a continuation of the dura mater of the brain, through the optic foramen. The opening through the sclerotic for the optic nerve is not a simple aperture, but is a very large number of exceedingly minute openings, formed by delicate fibres of the sclerotic, passing across each other, like the wires of a seive, through each of the meshes of which passes a single fibrile of the optic nerve. This seive-like structure is called the lamina cribrosa. Near the line of demarkation between the cornea and sclerotic is a minute canal in the latter, passing like a ring around the cornea, called the canal or sinus of Schlemm, which seems to receive a portion of the blood from the choroid and ciliary processes. The sclerotic is pierced by a large number of minute vessels and nerves, especially in the region of the optic nerve and the ciliary processes, which supply the intra-ocular tissues. The sclerotic itself possesses scarcely any trace of nerves. The vessels are exceedingly minute and distributed only sparsely through it.

The inner surface of the sclerotic is quite smooth, and loosely attached to the choroid, except near the optic nerve and cornea. The external surface is covered with a layer of very loose areola tissue, the outer portion of which is quite firm. This layer forms a kind of capsule or sub-mucous tissue and is called the epi-sclerotic membrane. Its anterior hemi-

sphere is sometimes called the capsule of Thenon; its posterior, the capsule of Bonnet. The epi-sclera is richly supplied with vessels, which are usually the first congested in inflammations of the iris and choroid.

The diseases of the sclerotic are, almost without exception, secondary, dependent, in the form of inflammation, upon the injuries or diseases of the cornea, iris, or choroid, and possibly of the conjunctiva. Some authors have doubted whether idiopathic inflammation of the sclerotic ever occurs. There is reason, however, to believe that in rare instances, inflammation may attack the sclerotic primarily.

However caused, the inflammatory action presents the following phenomena: The cells of the sclerotic become enlarged, their granular contents form into new cells, which from their increase of numbers, produce thickening of tissue, and if the process continues, total or partial destruction of intercellular tissue. In the one case there may be a slough, or in the other there may be such a softening and weakening of the walls of the globe, as to render them insufficient to withstand even the normal pressure of the intra-ocular fluids. In the last case a staphyloma of the sclerotic is the result.

By far the most common cause of these abnormal conditions is choroiditis. Hence the disease is often termed sclero-choroiditis. According as the disease is confined to a portion of the globe or extends to the whole, it is called partial or total staphyloma. In my own experience all cases of staphyloma of the sclerotic have been confined to patients below middle age. In more advanced years, the sclerotic becomes harder and seems better able to resist the influence of choroidal inflammation.

In total staphyloma of the sclerotic, or as it is often called, hydrophtalmos, there is often a softening of the whole sclerotic and cornea, and consequent dilatation of these membranes to such an extent, that the globe becomes enormously enlarged. The cornea in such cases is exceedingly thin and dilated to even double its normal size. The iris is much at-

tenuated and forced forward in contact with the cornea, or becomes atrophied. The ciliary processes also lose their normal structure, and sometimes almost wholly disappear.

The lens will be found, in some cases, in a calcareous condition, or as a shapeless mass, attached to the inner surface of the cornea. In other cases it is almost completely destroyed. The vitreous humor suffers in structure, being either partially or wholly liquified. The retina presents different appearances in different cases; sometimes almost wholly disappearing, and sometimes remaining as a thin membrane, without blood vessels, attached to the optic nerve and floating in the abnormal fluids of the eye. The papilla is usually cupped, as described in the last lecture; it is, however, occasionally found upon examination, after extirpation of the globe, as a plain disc.

Partial staphyloma of the sclerotic is a projection of a portion of this membrane, generally produced either by injury, or by circumscribed inflammation of the choroid. It may appear as quite a large, ill-defined elevation on one or two sides of the eye, or as a dark-colored tumor of the size of a pea, a few lines posterior to the cornea. This latter form often depends upon inflammation of the ciliary processes, and is sometimes so extensive that the cornea is completely surrounded by small, dark-colored tumors.

As can be readily imagined, vision in nearly all cases of sclerotic disease is seriously implicated. Although the disease may sometimes remain stationary for a long period, it too often progresses, frequently with great pain and symptoms of sympathetic irritation of the other eye. The result may be atrophy, either with or without evacuation of the contents of the globe, through rupture of the walls of the staphyloma.

The principal points to be observed in treatment, are the following: In the early stages, iridectomy may prove advantageous, as tending to reduce choroidal inflammation, and remove intra-ocular pressure. In more advanced stages, repeated paracentesis, or removal of the staphyloma, as in sta-

phyloma of the cornea, have been recommended by ophthalmic surgeons. Except under very favorable circumstances, however, either of these operations is followed by more or less intense inflammation, and a long period elapses before the atrophied eye is without irritation, and tenderndess on pressure. Some distinguished oculists recommend the total extirpation of the globe. I am confident that in a large proportion of cases, the removal of the diseased globe will give much more speedy relief, with less danger of sympathetic irritation in the other eye, than the other modes of treatment which have been proposed.

Another form of disease of the sclerotic is termed staphyloma posticum, usually marked by a circumscribed projection in the sclerotic external to the optic nerve. With this condition there is a tendency to elongation of the antero posterior diametre of the eye. This elongated form of the eye can sometimes be observed by simple inspection, when the globe is rotated towards the inner angle.

The disease is recognized in an examination with the ophthalmoscope by the presence of a crescent shaped appearance around the temporal side of the papilla of the optic nerve. Almost the only subjective symptom in the early stages of the affection is myopia, its degrees depending upon the severity of the case. In the earlier stages this symptom may possibly be absent, where the power of accommodation for vision at different distances is very great. The near sightedness is caused by the increase of distance between the lens and retina, in consequence of the increase of the diametre of the globe adjust described.

The cause of the disease is obscure. It seems generally to depend upon some defect in the fœtal development of the posterior part of the sclerotic. It is not now considered as the result of inflammatory action, since there are none of the symptoms of inflammation, vision often being perfect in every respect except for distant objects. In conjunction with the congenital tendency to the disease, undue action of the recti

muscles, as in fixing the eyes upon near objects, seems to act as an exciting cause.

Comparatively little can be accomplished in the curative treatment. Usually the most that can be promised, is to arrest the progress of the disease. To this end, everything, which produces congestion, as fatigue of the eyes, especially when used long at a time, should be avoided. If at any time there is an abnormal degree of intra-occular pressure, which would tend to increase the staphyloma, iridectomy or division of the ciliary muscle may be required. It should be remembered that in many cases, in spite of all treatment, the prognosis is very grave, the disease terminating in excessive myopia, and finally total loss of sight.

SELECTED.

REMARKS ON DIALYSIS.

By WILLIAM PROCTER, Jr.

At the meeting of 1862, at Philadelphia, the question, "Is the process of Dialysis applicable in Pharmacy, and if so in what instances may it be employed?" was submitted to me, and not being reported on in 1863 at Baltimore, was continued to the present occasion. As the term "Dialysis" may not be familiar to all present, it has been deemed best to say a few words in regard to it: In the year 1849, Prof. T. Graham, of London, published his views of "liquid diffusion," or the tendency which substances in solution, when brought in contact, have to diffuse themselves into the common menstruum, or into each other. For instance, if a solution of sulphate of zinc, and another of sulphate of magnesia, of the same specific gravity, be carefully placed in contact, one above the other, and left at rest, the law of liquid diffusion will cause the salts to distribute themselves each over the whole menstruum. If only the lower stratum is a saline solution, and

the supernatant liquid is water, then, contrary to specific gravity, the salt will diffuse itself into the water above, just as dense gases diffuse themselves into the atmosphere, but in a much slower ratio.

In pursuing this subject afterwards, Prof. Graham made the important discovery that when a hydrated septum, or diaphragm of a gelatinous character, was interposed between the liquid to be diffused and the water into which the diffusion was to take place, many substances could not pass the septum, although in perfect solution, whilst others would pass with greater or less facility. On closely examining into the nature of these two classes of bodies, he found that those which passed the septum were generally crystalline in their nature, or formed crystalline compounds; whilst those which did not pass were amorphous in their structure, and, like gelatin, albumen, starch, etc., did not crystallize. The former he called *crystalloids*, and the latter *colloids*.

It then occurred to Prof. Graham that this law might be rendered subservient to analysis in the separation of one class of bodies from the other; and after many trials, which satisfied him of its value, he called the analysing power of the septum *Dialysis*.

It has long been known that certain animal tissues and porous bodies will allow the passage of one fluid and almost entirely deny the passage of another, when the two fluids are presented at the same time. This quality has been indicated by the terms *exosmose* and *endosmose*, according as the current passed into or out of the vessel of which the tissue formed a part. This quality, which enters largely into the physiological action going on in living vegetables and animals, was supposed to depend more on the nature of the tissues than as influenced by the substances themselves, and it is only since the subject of liquid diffusion has been developed by Graham that more correct views have been entertained.

In the endeavor to render dialysis a practical process, Prof. Graham employed many kinds of tissues, animal membrane of different kinds, thin sheets of gelatin, starch jelly, but none offered so great advantages as the parchment paper of Gaines, which, you are aware, is unsized paper that has been submitted to the action of bihydrated sulphuric acid, and subsequently washed to free it from acid. Parchment paper bears the same relation to crude vegetable fibre (as cotton or flax) that starch granules bear to starch jelly, formed by the rupture and intimate union of those granules. The rationale,

given for the action of the hydrated septum, is this: Suppose syrup of gum Arabic mixed with water be placed within the septum—gum being colloidal in its nature has not the power to abstract water from the colloidal septum, whilst the sugar possesses this power, enters the pores of the septum by means of its water, and passes out into the water beyond. The action of parchment paper, and other tissues that act by hydration, can be used only with aqueous solutions, it being yet a desideratum to find a material which shall act equally well with alcoholic and other menstrua.

Mr. Graham's method of dialysing liquids was to use a cylindrical hoop of sheet gutta percha, about two or three inches deep and six inches in diameter, over the lower end of which a sheet of parchment paper is secured by bringing the edges up around the outside of it in a plaited form, and securing them with cord. A larger vessel, capable of holding six or eight times as much liquid, is then filled with water so that the septum may float or be suspended at the surface of the water after it is filled with the liquid to be dialysed, so that the liquids outside of and in the cylinder shall be on a level when the action proceeds from the upper into the lower vessel. This manner of arranging them gives specific gravity in favor of the process, but the action of the septum would also go on if the liquid was at the bottom of the water. The solution of the diffused body is called the *diffusate*, and is always a very dilute solution.

What was then known of this subject was fully developed in an elaborate paper by Prof. T. Redwood, of London, in a lecture before the Pharmaceutical Society. (See *Pharm. Journal*, 515, 1862, and *Amer. Journ. Pharm.*, July, 1862.) The most important points in question are the applicability of the process to the purposes of pharmacy, and pharmaceutical chemistry and toxicology. Heretofore it has been employed in toxicological analysis with the promise of great success, as in dialysing the crude contents of the stomach of a poisoned animal, containing, for instance, arsenious acid, corrosive sublimate, strychnia or morphia. Mr. Redwood has pointed out its probable use in isolating proximate principles in sufficient quantity to be employed by the manufacturer, but heretofore no septum has been found sufficiently active to abridge the time and increase the strength of solutions, to bring the process within the limits of a just economy.

One of the best practical applications of this process is that

suggested by Mr. Whitelaw, (*Pharm. Journal*, April, 1864,) of dialysing meat brine to remove its salt, and isolate its extractive material in a fresh state, so as to get extract of meat, which can be used in soup with great nutritive power; and when added to the salt meat restoring it to the value of fresh meat in composition.

The same writer suggests (*Chemical News*, May 28, 1864,) that salt meat may, in the same way, be rendered fresh by being enclosed with its brine in a sack of skin and soaked in water.

SICKNESS IN EUROPE.

Europe seems to be getting into a panic in view of the fact that in Eastern Europe there is at present prevailing an unusual amount of sickness, with a tendency to spread westwardly. It is somewhat remarkable that most of the great epidemics recorded in history, have moved from east to west. The great plagues of the fifth century, B. C., and of the second, fourteenth and seventeenth centuries, of the Christian era, and the cholera of the fourth decade of the present century, all attest this fact.

The accounts of the disease now prevailing in Russia are at present somewhat confused, so far as they have fallen under our notice. There seems to be an effort to conceal the fact as much as possible, that there is any special sickness prevalent. A correspondent of the London *Times*, writing from Berlin, says that there appears to be three several maladies prevailing at the same time in St. Petersburg. 1. In October last, spinal meningitis broke out. This disease seems to answer the description of the cerebro-spinal meningitis, or "spotted fever," that has been so prevalent and so fatal in some portions of this country. The mortality of this disease is stated at from twenty to fifty per cent. 2. Typhus fever followed in November. This occurred sporadically at first, and gradually developed into a malignant species of recurrent fever. The fever lasts a week at a time, the several attacks being separated by intervals as long. During these intervals, the health is apparently so good that people have been dismissed from the hospital, who died soon after. A special committee has been formed under Governor-General Suwaroff to look after

those apparently cured. On a second or third attack, there is a general collapse, decomposition of blood, and paralysis. Quinine and stimulants have no effect. The deaths, at first but twenty, have risen to forty per cent. The spleen and liver are much affected. In many cases epidemical inflammation of the spleen, with *pustula maligna*, has been observed.

It would seem to be in reference to this disease that the British ambassador in St. Petersburg says:—"the fever is contagious, and is called in French, *fièvre à rechute*, in German, *das recurrirende Fieber*, and 'the relapsing or famine fever' in English. It is also styled 'remittent fever,' or 'typhus recurrens,' or 'bilious typhoid fever,' or 'synocha,' or 'miliary fever,' or 'typhinia.' It was unknown in Russia until eight months ago, when Professor Botkin called attention to it as a fever he had never seen, though foreign physicians had described it."

3. But more recently another disease, it is represented, has appeared, and it is this which seems to be creating such a panic in Europe. The malady is stated to have broken out originally on the other side of the Ural Mountains, whence it slowly threaded its way toward St. Petersburg, increasing as it went, and culminating at length among the destitute classes of an unhealthy and densely populated capital. In its steady advance toward the west it has now reached the Prussian frontier, and, in a milder form, already shown itself in the towns of Konigsberg, Dantzig, and Gumbensen. In the Waldai hills, to the south-west of St. Petersburg, whole villages are said to have been depopulated.

A Paris correspondent of a New York paper says:—"A description of the symptoms and course of the disease which reached here, at first seemed to me to be nearly the same as those in violent cases of yellow fever,—sudden pain in the nape of the neck, in the hand, or foot, or, indeed, any part of the body, followed by violent chill and fever; a second chill coming on the following day, with increased violence. This paroxysm is frequently fatal, a third invariably so. Another peculiarity, which is common in yellow fever, marks the Siberian plague, as it has been called. Patients who appear to be entirely recovered, at the end of five or six days are subject to a fatal relapse if they leave their beds."

The *Medical Gazette* of St. Petersburg, is quoted as saying —"It was during last autumn that the disease broke out simultaneously in the northeast and southwest of the Russian empire. M. Gworling, the government doctor at Perm, an-

nounced that he had seen forty cases of this disease, which commences with cold and shivering, followed by great heat, without perspiration, accompanied by colic, headache, delirium, general debility, and sometimes with a flow of blood from the nose. The disease lasts from five to six days, after which the invalid recovers his appetite, falls into a sound sleep, and the fever quits him. The fever returns after a short interval, but again ceases, and the doctor has observed this to have happened three or four times. Quinine taken in large doses cures the fever, and removes delirium, but does not produce decisive effects, nor is it sufficient to arrest the progress of the disease."

One correspondent speaks of extreme dilation of the pupils, a strong disposition to vomit, which can not be satisfied, a swelling of the abdomen, pestilential carbuncles, and dark color of the skin, as its unmistakable symptoms.

A Florence journal publishes a communication from Dr. Galligo, which gives the most connected medical account of the epidemic that we have yet seen, though still very incoherent and unsatisfactory. Dr. Galligo says:—"We have received from Dr. Tilleur, physician to the Grand Duchess Maria of Russia, who has just arrived from St. Petersburg, some important details respecting the disease now raging in that capital. This malady appears to be neither a fever of an intermittent or continuous nature, nor yet a simple typhoid fever; but it certainly is very virulent and dangerous. According to the opinions of the Russian physicians, it is the same fever that was observed for the first time in Scotland, in the year 1819, and denominated in that country the intermittent fever, from the length of the intermissions and the prolonged attacks. This fever is ushered in by cold shivering, alternating with remarkable heat (from 40 deg. to 41 deg. centigrade, or 106 deg. Fahrenheit,) the pulse beating 130. Great prostration and disorder are observable in the nervous actions, although the state of the mental faculties remains unaltered; frequent pains are felt in the head and limbs, great pain is also felt in the left hypochondria region, and an examination by palpation and percussion proves the spleen to have immensely increased in volume. The skin is yellow in color, owing to the liver being likewise affected by the malady. The initiatory attack of the fever lasts from seven to eight days, and terminates with a very copious perspiration. After the first paroxysm, an interval occurs of seven or eight days, during which the patient appears almost as well as ever, but at

the expiration of that period a second attack manifests itself like the first, but accompanied with still greater prostration. This continues also about seven days, terminating, like the other, with profuse perspiration. Sometimes a third paroxysm declares itself after a further interval of seven days, one of the symptoms being a burning thirst and complete aneurism,(?) and the patient sinks into the most profound state of prostration. The rate of mortality is eight* per cent., and the victims of this malady die during the second attack, usually from a kind of general paralysis, or through serious derangement of the nervous organs, with real decomposition of the blood, and an enormous increase in the spleen. The liver also becomes greatly enlarged, but the intestines, on the other hand, are either found healthy or else hardly congested. Every thing has hitherto failed to shorten the duration of the febrile attacks. Salts of quinine, given in large or small doses, have been quite ineffectual to overcome the attacks characteristic of this malady. In the second paroxysm, in which there is increased prostration of the forces, the most powerful stimulants have been administered—such as moss wine, alcohol, ether, camphor, etc.; but they produce little or no effect. The chief cause of this disease is supposed to be the arrival in St. Petersburg of an immense number of workmen from the neighboring provinces, and even from the most distant towns. It is said there are just now in the capital, 43,000 workmen more than the usual number. The consequence of this is, that they can not find work, and are obliged to live in unhealthy localities, and to live upon the black bread, which contains this year much more horned rye than in previous years. It has been discovered by chemical analysis that this bread contains one per cent. of horned rye in the flour with which it is made. Thus every workingman living on the same, may be calculated to eat 100 grains of horned rye per diem. Besides this, the oxen, cows, and other animals, being no longer slaughtered in St. Petersburg, but in Moscow, whence the meat is despatched ready prepared, the heads, hoofs, feet, and intestines of these animals, which previously formed one of the staple articles of sustenance of the poorer classes, on account of their cheapness, are no longer to be had at St. Petersburg, and the poor are now compelled to live almost exclusively upon the above mentioned bread, which contains injurious substances,

* This must be an error. Another account places the mortality at *seventy per cent.*

partly contributing to produce the disease in question. The malady is exclusively confined to the poorer classes.

"The authorities of St. Petersburg have ceased publishing official returns of the number of cases and mortality, but from the large sums voted by the metropolitan authorities or supplied by government, some idea may be formed of the extent and virulence of the malady. Besides 200,000 roubles (about $160,000) contributed by the treasury, 400 additional beds have been placed at the disposal of the town, and large subscriptions made by the princes and aristocracy. The town, too, has opened a new hospital, at the cost of 60,000 roubles, (about $48,000,) considerably augmenting at the same time the funds of the various charities, and aiding the convents in the care and reception of the sick."

We have given above, the best account we can collate from the materials at our hands, of this "Siberian plague," as it is called, and our readers will perceive in it evidences of the state of panic that exists in regard to it. Later accounts represent the disease as disappearing.

A great many medical men and students have, it is said, gone from Western Europe to St. Petersburg, to study into the nature and habits of the disease, and it is represented that forty or fifty of them have fallen victims to their zeal. Among its victims is mentioned Dr. Erichson, surgeon to the Emperor Nicholas, aged seventy-five.

The western nations of Europe are enforcing quarantine regulations against vessels from Russian ports, and we doubt not that proper precautions will be taken against the importation of the disease into this country. If this, or any other epidemic should be introduced into New York, in its present sanitary condition, and with such inadequate sanitary regulations as it is now subject to, the effects on the country would be deplorable. Then would be *felt* the necessity for such a Health Law, as for several years past has been before the Legislature of that State, and which has by some means been defeated each year.

An attempt is made in some quarters to inculcate the idea that some terrible epidemic will follow our rebellion—that plagues constitute a part of the natural history of rebellions. The way to meet any supposed danger from epidemic diseases is to enforce personal and municipal cleanliness, and to have plenty of air and light in our habitations.—*Med. and Surg. Reporter.*

USES OF GLYCERIN.

1. Glycerin is not a fat, nor a sugar; but chemically an alcohol.

2. For use by the physician or druggist it must be absolutely *pure;* free from chlorine, lead, lime, sulphuric acid, volatile fatty acids, and glucose; and both colorless and *inodorous.* Bower's and Price's manufacture will come up this standard.*

3. Externally applied, glycerin has no specific influence over cutaneous disorders, but is an excellent emollient, especially in erysipelas, prurigo, scaly eruptions, burns and gangrenous wounds. It may be made the vehicle for any of the preparations used for skin diseases; may be diluted if necessary for open, fresh wounds, and may have bromine, carbolic acid, etc., dissolved in it for gangrene.

4. The preparation most widely approved, as a substitute for ointment, is *glyceramyl, or plasma;* composed of glycerin and starch, mixed with the aid of heat. The proportions may vary, but are usually about one part of starch to from five to eight or even sixteen parts of pure glycerin. A little glycerin added to an ordinary poultice will keep it from becoming dry and hard. A glycerole of soap is mentioned by Dr. W. A. Smith, consisting of from one to four parts of animal soap, powdered, mixed with thirty parts of glycerin, and dissolved by heating it in a water-bath.

5. Glycerin may be used as an adjuvant to the bath (twelve ounces or more at once); softening the skin pleasantly. After bathing, a few drops of it poured upon a sponge and rubbed over the body, will have a very comfortable effect.

6. Internally, glycerin is a mild laxative; in the dose of one to four drachms, it is especially available for children.

7. It can not be relied on as an *analeptic* in phthisis; but may be useful as an expectorant.

8. In pharmacy, glyceroles are more stable than aqueous, oleaginous, or saccharine preparations, while they are less

* The best that I have been able to obtain from any other source but those above mentioned, has a perceptible and somewhat disagreeable odor when rubbed upon the hand; besides giving *copious* precipitates with solution of nitrate of silver, and with chloride of barium; which do not at all affect strictly pure glycerin.

stimulant, and generally more agreeable than alcoholic tinctures. Glycerole of quinine, of iodo-quinine, of iodide of iron, of subnitrate of bismuth, of lactucarium, of atropia, and of acetate of lead have been considerably used. Among many others that have been suggested, that of ipecac, is particularly desirable on account of the great fermentability of the ordinary syrup. I would add, also, especially the following:—

Glycerole of Quinia with Strychnia.—℞. Strychniæ, gr. j. Quin. Sulphat., ʒij. Glycerin, f ℥ iv M. ft. sol. Dose, a fluid drachm.

A combination of nux vomica with quinine has recently been found valuable in the cure of obstinate chronic intermittents, which resisted quinine alone. The above preparation will answer for the same purpose.

Glycerole of Ammonio-Citrate of Iron with Quinine.—℞. Ammonio-ferri et quiniæ citrat., ʒij. Glycerin, f ℥ iv. M. ft. sol. Dose, one or two fluid-drachms.

The addition of this to cod-liver oil destroys the nauseousness of its taste and effect; especially with the further addition of one or two drops of oil of cloves to each ounce of the mixture.

Glycerole of the Sulphites of Soda and Magnesia.—Worthy of careful and extensive trial as an antizymotic; upon the idea of Polli (*Am. Jour. of Med. Sciences*, April, 1863, p. 467, and Jan., 1865);* in diphtheria, etc.

Glycerole of Phosphate of Iron.—℞. Ferri phosphat., ʒj. Glycerin, f ℥ iv M. ft. Dose, two fluid-drachms.

This requires slight shaking when given, although nearly the whole is dissolved.

Glycerole of Oxide of Zinc.—℞. Zinci oxid., ℥ ss. Glycerin, f ℥ iv M. S. Shake before using. For external application.

I advise this as an emollient for severe burns, and in eczema, herpes, pemphigus, etc.

Glycerole of White Lead.—℞. Plumb. carbonat., ʒj. Glycerin, f ℥ iv M.

This is an almost perfect solution, all of the carbonate being suspended on slight agitation. It is recommended to be applied

* *Vide* Dr. W. F. Atlee's account, in that journal (Jan., 1865, p. 82), of the good effects of sulphite of soda in pyæmia; and M. Carey Lea's paper, in the same number (p. 84), on the Transformation of Sulphites in the system.

to the edges of the lids with a hair pencil, in conjunctivitis, or general ophthalmia, acute or chronic; to inflamed hemorrhoids, and to the surface over bones affected with periostitis, of scrofulous or other origin. In the last-named affection I have found carbonate of lead of remarkable utility; and glycerin will introduce it more readily than any unguent.

Many other applications of the same or other similar preparations might be suggested. I can not pretend to exhaust the subject. Yet, in the American Pharmacopœia, but a few lines are given to glycerin, and none to any of its preparations; and in the British Pharmacopœia, it is merely mentioned as a solvent for tannin in *supposit. tannic.* It can hardly be much longer left to so insignificant a share of officinal recognition.—*Med. and Surg. Rep.*

TRANSFORMATION OF MUSCULAR FIBRE INTO FAT.

At a recent meeting of the Boston Society for Medical Improvement, Dr. J. Wyman stated that he had seen fatty degeneration occur in muscular fibre under the following circumstances: Portions of muscle were introduced into a flask with water, thoroughly boiled, supplied with air through a tube heated to redness, and then the flask was hermetically sealed. In the course of three or four weeks, on examination with the microscope, the fibres, without having become putrid were found to have the sarcolemma entire; in some the fibrillæ were still distinct, in others they were partially replaced by granules, and in others they had wholly disappeared and the fibre sheath was filled with globules of oil.

Dr. Ellis had examined some of the specimens and recognized the same appearances which are seen in ordinary cases of fatty degeneration. Rudolph Wagner found that various albuminoid substances underwent a similar change when introduced into the abdominal cavity of a living animal. It was objected to his experiments that the fat may have been secreted by the animal and substituted for the materials of the tissue introduced, these having disappeared. In the experiments here given, such an explanation is inapplicable, for since the muscular fibre was only surrounded by water, there could be no other source for the fat than the fibre itself.

In view of these facts it seems probable, as Fourcroy originally suspected, that adipocire can be derived from muscle which has undergone transformation into fat.—*Boston Med. Journal.*

INFLUENCE OF A LONG COURSE OF NITRIC ACID IN REDUCING THE ENLARGEMENT OF THE LIVER AND SPLEEN THAT SOMETIMES RESULTS FROM THE SYPHILITIC CACHEXY.

The enlargement which Dr. Budd refers to, is that which has been latterly described as due to amyloid degeneration. The most striking examples of it are seen in the victims of scrofulous or syphilitic caries. Three cases are related in which mxx of dilute nitric acid were taken ter die for a period varying from fifteen to four months, without inducing excessive acidity of the urine or any inconvenience attributable to undue acidity of the stomach. Sarsaparilla, iron, or bark, were conjoined with the acid. The result of his experience leads Budd to conclude that when the liver and spleen have become diseased in the manner specified, in sequel to protracted syphilitic disease of the bones, nitric acid, long taken, has a remarkable influence in gradually effecting the removal of the morbid deposit to which these organs owe their increased size, restoring the organs to a more healthy condition, and improving the general health. The cases further afford a strong presumption that nitric acid, taken earlier, would prevent the disease of the abdominal glands, which, when established, it tends to remedy. It is, however, essential that the disease of the bone, on which the enlargement of the liver and spleen is consequent, should be arrested; if this cannot be effected, the malady, though even then its course may be retarded, usually makes progress, and life is cut short by renal disease, which very often accompanies that of the liver and spleen. Budd suggests that a long course of nitric acid may have influence in remedying and preventing glandular enlargements, chronic ulcers, and other forms of scrofulous disease. He is persuaded that in tuberculous disease of the lung, nitro-muriatic acid, long taken, tends to prevent the further deposit of tubercle.—*Sydenham Society's Year-Book*, 1863, from *Brit. Med. Journ.*

LECTURE ON THE RESULTS OF THE SURGICAL TREATMENT OF CANCER.

By T. SPENCER WELLS, F. R. C. S.,
Surgeon in ordinary to Her Majesty's Household.

Gentlemen :—Perhaps there is no question which more frequently arises in practice, or which is answered with so much doubt and hesitation, as the question, "Should a cancer be removed?" At one time removal was the general rule of practice. Then the frequency of return after removal, and the revival of the humoral or chemical pathology, led to the rule to operate in exceptional cases. It was ascertained that by removal of a cancer in the early stage, we only removed one seat of deposit, left the blood unaltered, encouraged deposit in some other part, and so did more harm than good, often shortening life. Therefore it came to be a sort of rule of this school not to attempt to remove or destroy a cancerous tumour, unless it was either actually ulcerated, or growing so fast that the skin was about to give way, or the destruction of some vital part was threatened. It was urged that growths, having all the characters of cancer, occasionally disappeared, under the influence of hygienic or medical treatment—that other such growths have sometimes remained completely dormant for many years without injuring the health or shortening the life of the individual—and that it was absurd to say the disease was not cancerous in such cases because the patient recovered, or lived to old age unaffected by the local disease. But the most determined leaders of this school admitted that in cases where an open cancer gives great pain, and is wearing away the patient by bleeding or profuse discharge, this cancer should be removed, in the hope first of relieving suffering, and secondly, of prolonging, though not saving life. In some other cases where a cancer caused great mental anxiety to a patient, it was to be removed at her earnest entreaty, after fairly explaining the probability of a return of the disease. For many years these rules were followed in practice, and are so still by many excellent surgeons. But during the last four years a marked change has been taking place, and the professional mind is still in a state of transition. The transudation hypothesis is falling before the

cellular theory. The belief that cancer is always a disease of the blood is severely shaken by the vigorous attacks of Virchow, and the positive and visible demonstration which he affords of the local origin of morbid growths, and the secondary contamination of neighboring parts and of the blood by extension and by absorption of the products of local disease. He has gone very far towards proving that the cells of the connective tissue (commonly known as cellular or areolar tissue) are the ovules of cancerous growths, as they are of all the new cellular productions. We are still ignorant of the nature of the peculiar change or irritation which, in the first instance, alters a connective tissue cell into a cancer cell; but when once this change has taken place, and the altered cells begin to grow and multiply by division, we have clearly a focus both of local and general contamination—local, by imbibition of the fluid formed by the diseased cells into the healthy cells of adjacent tissues; and generally by absorption or transudation of the morbid products through the lymphatics and veins. Thus, the harder the tumor, the less likely to spread; the softer, the more likely both to spread locally and to contaminate the blood. The direct and necessary practical deduction for the surgeon from these views is, that all malignant growths should be removed in their earliest possible stage—as soon, in fact, as their nature is ascertained; and to this rule, surgeons seem to be partially, though perhaps unconsciously, returning.

It requires the observation, and careful observation of many years, and of many independent observers, to settle such a point as this; but a great deal has been done to show, by comparing a large number of cases of cancer where removal has been practised with others where the patient has been left without operation, that the average duration of life in the patient operated on is decidedly lengthened. No trustworthy data exist for making such a comparison with cases in which the tumor was removed at a very early stage, but my own experience is leading me to adopt the rule deduced from the pathology of Virchow. I have had several cases since the publication of my pamphlet on "*Cancer Curers*," in which I have excised growths which microscopic examination has proved to be truly cancerous, and in which no return has yet been observed. The time is obviously too short to speak of them as permanent cases—indeed, it is almost certain that in nearly all, there will, sooner or later, be a return; but the result has satisfied me that the rule of practice most commonly

followed may be advantageously modified in cases where the disease is in a very early stage. The operation at that stage is a very trifling one, is perfectly painless under chloroform; and so little necessity does there appear to be to keep patients to their rooms, that I have both in private practice and among hospital out-patients allowed them to come backwards and forwards from their homes. Supposing the general health to improve, and the cause which led to the first change in the connective tissue cells should not operate again, then *removal* really becomes *cure*.

If the teaching of Virchow, the greatest of living pathologists, be true—if the belief in the universal constitutional origin of cancerous tumors be unfounded—if the constitutional disease is, even in some few cases, secondary, the morbid condition of the blood originating in, and being kept up by a supply of hurtful ingredients from some diseased locality—how hopefully may both surgeon and patient look upon the treatment of cancer in its early stages, before the germs have spread into neighboring tissues, before they or any irritating fluid have been conveyed to a distance, before the healthy cells of neighboring parts have imbibed by endosmosis the specific or parenchymatous fluid, or this fluid has been carried by lymphatics or veins to distant parts. And, on the other hand, how fearful is the responsibility of the cancer curer who tampers with the life of the poor sufferer who has confided in his knowledge and skill! If he attempt to procure absorption of the tumor and succeed, he may produce the general contamination of the blood of which the growth itself was erroneously regarded simply as an "outward and visible sign." If he fail, he still gives time for the growth of germs, and for extension first locality, and then by absorption. If he employ caustics, he may be adopting the very practice of all others most likely to lead to a rapid and general development of cancer throughout the body, by hastening softening of the growth, setting up irritation in neighboring parts, and assisting the transmigration of cancer cells through the blood to distant parts of the body.

The fact that *removal* may really result in *cure*—that the disease may not return—should certainly encourage both patient and surgeon to think of removal in any case where the whole of the diseased part can be removed without risk or difficulty; but it would be very wrong to conceal from any patient the fact that this happy result is extremely rare, and that, except under very unusual circumstances, no more can

be expected from removal than prolongation of life, and diminution of suffering.

That *life is prolonged* by removal is now satisfactorily established by statistics. The results of different statistical tables vary. But those most to be relied on tend to prove that the average duration of life in those operated on is certainly greater than in those in whom the disease is allowed to run its course without operation. In a valuable lecture, published in the *Medical Times and Gazette*, in 1862, Mr. Paget says: "In a recent tabulation of hospital and private cases, 85 cases operated on lived an average of 55.6 months, and 62 cases not operated on lived an average of 43 months. And such proportion as this will probably always be found."

Not only is life prolonged, but *suffering is lessened.* The amount of suffering, mental and bodily, of a patient during the ordinary course of cancer is very great. "Consider," says Mr. Paget, "the pain and anxiety—the pain likely to increase daily—the misery of waking every day to the consciousness of an incurable disease; the sometimes loathsomeness; the restlessness for cure—cure, such as there are *never wanting dishonest men to promise.*" By an operation painless under chloroform, and not followed by painful dressings, this constant, daily, weary pain is relieved for a time, and the patient is also restored to a state of mental comfort which is as great a gain as the relief from pain. In some cases, where there is no hope of prolonging life, the pain and suffering from an open cancer are so great that it is right to operate simply to obtain for the patient a comparatively painless death.

If, then, the oft-repeated objection to operation—that life is not lengthened but shortened—is satisfactorily answered; if we also dismiss as unproved, and certainly erroneous, the suggestion that when the disease returns it will be in a more aggravated form than if the disease had run its own course, the question arises, "Why not operate in every case?" And the answer is ready, "Because the operation is one attended with risk to life." In some cases this risk is very great, in others very small; but taking the averege of some hundreds of cases, Mr. Paget estimates that "a patient runs a risk of 1 in 10 of dying" from the operation. Others estimate the risk as low as 5 per cent., or 1 in 20.

In a consultation, however, upon any individual case, neither patient nor surgeon will be content with a mere statement of averages. It is seen at once, as from 1 in 20 to 1 in 10 die of the immediate effects of the operation, and the aver-

age life of those operated on is over 55 months, that some patients must live many years. And the questions which are asked are not: What are the *general* results of operation? How long do people *in general* live after it? How soon does the disease *generally* return after operation? but the individual case is pressed home: What risk would there be to *my* life? How long shall *I* be likely to live? How soon may *I* expect a return of the disease?

It is said, and said truly, that general conclusions can only be drawn from general average. Mr Paget says: "To deal with single cases is a sort of surgical gambling." The gamblers, however, are they who operate in nearly every case which comes before them and they who operate in none, both classes satisfying themselves by statistical tables and general averages, rather than by forming a careful estimate of the probable results of treatment in each case. Each case must be considered by the light of general experience, but it is no less in itself a subject for separate calculation. And in every case which comes before us we must be guided by certain general rules, the most important of which may be shortly summed up as follows:—

Risk of Removal.—The average mortality being from 5 to 10 per cent., in what cases is the risk above, and in what below the average? Supposing the patient to be placed under the most favorable circumstances possible to prevent the occurrence of erysipelas, pyæmia, any form of septiæmia, or sendary hemorrhage (the chief causes of death *soon* after operation) the probable liability of any patient to these dangers may be estimated by observing certain general and local conditions. The *general* conditions favorable to operation, or those which may fairly justify the hope that a patient will not die from its effects, are that she is not more than 60 years of age, not emaciated, is well-nourished, clear complexioned, temperate, courageous and even-minded, and free from other organic disease. The reverse conditions are seen in patients over 60 years of age—in over or under fed people—the emaciated, or the fat and plethoric—those of cachectic, leukæmic, or chloro-anæmic aspect—the dejected or hysterical—and they who, in addition to the cancer, have some organic disease of heart, lungs, liver or spleen. The favorable *local* conditions are that the skin over and near the tumor is soft and healthy, free from œdema, freely movable, and free from scattered nodules of cancer—that there are no diseased cervical glands, none, or few diseased auxillary glands—that the breast is

small—that only one breast is diseased—and, if only one part of one be affected, that this is the lower part. The unfavorable local conditions are, the skin is brawny, the hair-follicles large and open, the skin over the tumor adherent, that there are scattered cancerous tubercles in the skin, that the supra-clavicular glands are swollen, that there are many diseased axillary glands, that the breasts are large, that both are diseased, or, if only part of one, that it is the upper part.

By bearing these things in mind it is not difficult so to select cases as to reduce the risk of removal to a very low average, and there can be no difficulty in deciding in any case whether the risk is greater or less than the average.

When part of one breast only is affected, the rule generally followed is to remove the whole breast; and this rule is a good one if the breast is small. But when only a small portion of a large breast is affected, it is much less dangerous and equally effectual to remove the diseased part and some of the surrounding healthy tissue, than to remove the whole breast. There is good reason to believe that the disease is as long in returning when only the diseased part has been removed, as when the whole breast is removed.

When it has been decided to remove cancer, the question will arise, "Should it be removed by the knife, or by caustic?" And the answer must be framed again upon full consideration of all the circumstances of each case, but guided by the following general rules:

1. There is no proof whatever that the return of cancer after removal by caustic is less rapid than after removal by the knife. On the contrary, it is probable that the return will be more rapid, (*a*) from the greater probability that some portion of the cancer will escape the action of the caustic than the dissection of a careful surgeon; (*b*) from the inflammation set up in the surrounding tissues and the irritation of neighboring glands.

2. Admitting that the immediate risk to life from the removal by caustics may be less than after removal by the knife—in other words, that pyæmia and hemorrhage are less likely to occur—we have abundant proof that the risk is very considerable, and that the intense and long-continued suffering does in itself lead to exhaustion and death.

3. It is possible that the attempt to remove a cancer by caustics may fail altogether, that the irritation set up in the diseased growth and in the parts surrounding it, or the extension of the sloughing to vital parts in the neighborhood, may destroy the patient before the cancer is destroyed.

These objections will generally lead the surgeon to advise the patient rather to submit to excision than to caustics. But in some cases, where the situation of the growth is such that the knife cannot be used safely, caustics are decidedly preferable, as they are also in cases where the growth is small, or of moderate size, and slow in its progress, while the unhealthy general condition of the patient would render the knife more than usually hazardous; for, as Mr. Paget has said, "the constitutional maladies that greatly increase the risk of cutting, do not, except very rarely, increase the risk of caustics." There are also some cases of open cancer in a very late stage of the disease, so adherent that the knife could not be safely used, where the diseased part may be completely destroyed by caustic, and a sound cicatrix may result. Sometimes it may be well to leave the choice to a patient, after representing to her fairly the advantages of the two methods. Some may be guided by the dread of the knife, others more by the dread of pain, and it is right to allow these fears their full weight.

The cases decidedly unfit for caustics are those of acute or rapidly-growing cancer, or those of large size, and those where there is an œdematous, brawny, or tuberculated or ulcerated condition of the surrounding skin, and those where the supra-clavicular or axillary glands are enlarged and indurated. And most of the conditions which on general grounds forbid the use of the knife also forbid the use of caustic.

Supposing it to be decided to destroy a cancerous tumor by caustic, all the evidence before us goes to prove the chloride of zinc to be the most effectual and safest yet employed; that it is a matter of great indifference whether it is employed as a paste or in solution; but that its action is considerably hastened by scoring through the slough, as Justamond did, down to the living tissues beneath, so that they are not protected by the slough from the action of the caustic. The scoring is not so necessary when the chloride is used in solution as when it is used as paste, after destroying the skin by nitric acid; and it is not at all necessary if one or more pairs of galvanic plates are used as the caustic. If a piece of zinc be placed on any raw surface, and a piece of silver near it, a silver wire connecting the two, the part covered by the zinc is destroyed very rapidly, and the slough formed is a very soft one, which is easily sponged away. I saw a lady in 1854, with Dr. Lawrence, of Connaught-square, suffering from cancer of the breast, and we decided, on consultation, to adopt this method,

which Dr. Lawrence carried out most effectually. I should not be at all surprised to hear that the next great empiric who appears in London will profess to cure cancer by galvanism.

Occasionally it is advisable to apply the actual cautery instead of using caustic, and I have recently found the use of a small jet of lighted gas, by means of the instrument made by Mathieu for M. Nelaton, very efficacious. It is much more easily arranged than the galvanic cautery, is equally manageable, and has the great advantage of destroying parts without touching them; so that there is no fear of the eschar adhering to the metal, being removed as the metal is withdrawn, and bleeding thus being set up. In cancer of the upper jaw, or base of the skull, which project into the mouth, very great temporary relief is gained, even if only a partial destruction of the growth can be effected.

When removal cannot be recommended either by the knife or by caustics, it must be remembered that we can do a great deal more towards arresting, even curing cancer, than is generally believed—that our art is not nearly so powerless as charlatans assert. Growths with all the characters of cancer have occasionally, although very rarely, disappeared under the influence of remedies. Other such growths have remained completely dormant for many years, without affecting the health or shortening the life of the individual; and it is absurd to say that the disease was not cancerous in such cases because the patient recovered, or lived to old age unaffected by the local condition.—*Med. Times and Gazette*, Feb. 11, 1865.

TREATMENT OF ACUTE RHEUMATISM.

Dr. Robert Law, Prof. Inst. Med. and Clin. Med. in School of Physic in Ireland, describes (*Dublin Quar. Jour. of Med. Sciences*, May, 1864) his mode of treatment of acute rheumatism, which he asserts to be more successful than any other. It consists in a moderate venesection, almost never exceeding eight ounces, and seldom requiring to be repeated; and in the exhibition of colchicum, either in the form of the tincture or the wine of the seeds, of which preparation he does not exceed a drachm in a six-drachm mixture, or the acetous extract in grain doses; three or four times daily. "When I

consider it necessary to exhibit an aperient, which I avoid as much as possible in such cases, from the pain of the motion consequent upon the operation of the medicine, I direct the following mixture: Tincture of the seeds of colchicum, one drachm; tincture of senna, half an ounce; sulphate of magnesia, six drachms; peppermint water to six ounces. I have found considerable advantage and ease to the patient from combining opium largely with the colchicum. I have already alluded to the fact of how very unsusceptible to the influence of opium persons affected with acute rheumatism are; it is quite remarkable what an amount of it they will bear without being narcotized. I constantly direct a drachm of the tincture of the seeds of colchicum, and a drachm of liquor opii sedative, in a six-ounce mixture, or a grain of the acetous extract of colchicum, and a grain of the watery extract of opium in a pill, three times or oftener in the day.

"Thus have I combined Dr. Corrigan's narcotic treatment of the disease with my own. The local application to the inflamed joints which I have employed with the most advantage is the tincture of iodine, and especially where there is effusion into the joints, which, in most cases, disappears speedily under its use. I have generally observed, where the pericardium or endocardium is about to be affected there is, in general, previously an excited action of the organ, in which case I add digitalis either to the mixture or pill. And when an attrition murmur, or a valvular abnormal sound, indicates pericarditis, or endocarditis, I then combine mercury with the other medicines in the following formula: Acetous extract of colchicum, four grains; calomel, three grains; watery extract of opium, two grains; powdered digitalis, one grain. To be made into four pills; one to be taken every third hour. I also direct a blister to be applied to the precordial region, and the blistered surface to be dressed with mercurial ointment, in order to bring the system speedily under the influence of this medicine—convinced as I am of its power to effect the absorption of the effused lymph, whether deposited on the pericardium, or on the surface or in the substance, whether superficially or interstitially, in the valves. This is the stage of the disease when medicine can alone cure it.

If, however, as is often the case, the valvular murmur be overlooked, and the heart not be suspected of being involved in the general rheumatic affection, and consequently the suitable treatment not have been directed against the complication the lymph allowed to run its unhindered pathological course,

and in the exercise of its contractile property, permanently damages the valvular apparatus, the consequences of which injury become the objects of future treatment. Many question that it is in the power of medicine to restore the integrity of a valve which has been once diseased, and would rather believe that an abnormal sound which they supposed to indicate organic disease, now from the fact of its ceasing, was only functional or independent of structural change. As long as I am satisfied that mercury will promote the absorption of the lymph deposited in iritis; as long as I believe that a hepatized lung will return to its original condition as soon as the system is brought under the influence of mercury, so long will I cherish the conviction that mercury will do as much for the valves of the heart, which, if not exactly identical in structure with those parts I have alluded to, are at least analogous both in structure, pathological deportment, and therapeutic susceptibilities. And, under this conviction, we would explain the ceasing of the abnormal sound by the mercury having removed that which caused it. I have thought it necessary to dwell on this point of cardiac therapeutics, as I deem it of the utmost practical importance. I would also remark on the employment of digitalis in this early stage of pericarditis and of valvular disease. I have already observed how pericarditis is often preceded by an excited action of the organ. At this stage of the disease I consider digitalis is very seasonably employed, and even when lymph is effused. For as our object is now to effect the absorption of the lymph; and as we know the powers of the circulation and absorption are in an inverse relation, and therefore whatever depresses the former increases the latter, the depressing influence of digitalis on the circulation promotes the energy of the absorbents, which is required to remove the lymph. But when all hope of the lymph being removed is at an end, the time is now arrived for laying aside an agent whose direct effort is to bring the heart into a condition most favorable for a result the least to be desired, viz., adhesion of the opposite pericardial surfaces; for of course the less motion there is of the organ the less interruption will there be to this adhesion. So much for the impolicy of continuing the use of digitalis in pericarditis. And there are also objections to continuing its use in the early stage of valvular disease? Here, too, I would employ it, while my object is to remove the lymph by absorption. But I should expect as a consequence of its prolonged use a condition of the circulation—viz., its retardation—which would favor the deposition

of lymph on the valves, which lymph would be carried away by the blood if it retained its normal form and velocity. Thus have we often seen in our *post mortem* examinations what are called vegetations on the valves of the heart, which were nothing more than deposits of fibrin, which, we had no doubt, were deposited there just when the circulation was failing, and death near at hand.

The remarks which we have just made, apply to the earlier stage of valvular disease, not to that stage when the valvular disease is established, and when nature, exerting herself to overcome an obstruction, puts forth increased efforts, which, to a certain extent, have a salutary tendency. The time has now arrived when this medicine, whose direct effect is to depress the action of the heart, is out of place, as antagonizing this salutary effort of nature. It is thus we regard it as ill-suited to that increased action of the organ which is so constant in disease of the aortic valves, as also in the regurgitant mitral orifice, which eventuates, in both cases, in eccentric hypertrophy of the left ventricle. I am convinced the results of the treatment of heart disease would be infinitely more satisfactory than they are if more care were bestowed on distinguishing the different stages of the disease, and on ascertaining and applying the suitable treatment to each stage.

To return to our treatment of rheumatism. When the acute symptoms have passed away, and all fever gone, we now conclude our treatment with bark and hydriodate of potash, or quinine; and when stiffness of joints alone remains, with warm baths. We have ever found that, as long as the disease retains any of its acute character, so long will no benefit be derived from the warm bath; but so far from it the patient generally complains that his pains had been much worse. So that, in doubtful cases, the effects of the warm bath have served me as a test of the disease, as to its having passed from the acute to the chronic stage.

In thus asserting the advantage to be derived from bleeding in acute rheumatism, we limit its advantage to what is confessedly acute rheumatism; for we have heard physicians say that bleeding had not succeeded in cases in which they had employed it; and when they described the cases we were not surprised at the failure of which they complained. The cases were such as we doubt much if they can be admitted into the category of acute rheumatism, although the two diseases have at least many local features of resemblance; but the constitutional symptoms are widely different. These cases are such

as are designated diffuse inflammation, many of which we have met with as a complication of fever, and which we have described in *The Dublin Medical Journal*, Vol. XII, p. 187, in the following terms: 'We alluded to the occurrence of diffuse inflammation in some cases of this fever; we have had several instances of it, and had reason always to regard it as a most fatal complication. It exhibited itself most commonly in the form of tumefaction of the joints, sometimes with a slight erythematous blush. The knees, ankles, and wrists were the most common seat of this affection; the constitutional symptoms were in general, extreme prostration of the powers of the system, delirium, small weak pulse, diarrhœa, tympanitic abdomen, and an indescribable anxiety. On examination of the parts affected with inflammation, the tumefied joints were generally found to contain purulent matter of a thin, greenish, unhealthy character; and in some cases the cartilages were either in whole or in part destroyed, leaving the ends of the bones denuded and rough.'

We know that such cases as we have thus described have been taken or mistaken for cases of acute rheumatism, and have been treated accordingly; we can hardly wonder that success did not attend such treatment. If such cases have any title to be designated rheumatism, they should be designated typhoid or asthenic rheumatism. In speaking of venesection as an essential element of our treatment we deny the justice of identifying our treatment with that of Bouillaud who bled *coup sur coup;* while Dr. Griffin's remarks would at least seem to imply this. At a time when we exercised less reserve in ordering our patients, affected with rheumatism, to be blooded, we never carried it to anything like the length of the distinguished French physician.

We have already observed we gave a fair trial to every other mode of treating the disease, viz., the alkaline treatment, the citric acid treatment, the treatment with opium freely exhibited, the treatment with colchicum alone, and the treatment with bark, with hydriodate of potash, and none has approached the plan we have recommended, in the shortness of time required, nor has any been more certain in its results. And time and ample experience have established its pretensions with us."—*Am. Jour. of Med. Science.*

EDITORIAL AND MISCELLANEOUS.

PROCEEDINGS OF THE ILLINOIS STATE MEDICAL SOCIETY FOR 1865.

The regular Annual Meeting of the Illinois State Medical Society assembled in Royce's Hall, Bloomington, May 2, 1865, at 10½ o'clock, A. M. The President being absent, Dr. J. M. Steele, of Grandview, Vice-President, took the Chair.

Dr. T. F. Worrell, Chairman of the Committee of Arrangements, welcomed the members of the Society to the City of Bloomington, and the hospitalities of its citizens, in an eloquent manner.

The Committee also reported as present the following delegates and permanent members, viz.:

Drs. N. S. Davis, J. H. Hollister, J. S. Jewell, and E. L. Holmes, of Chicago, Cook Co.

Drs. W. J. Ballard, H. C. Luce, Z. L. Hoover, C. R. Parks, T. F. Worrell, D. L. Crist, E. R. Roe, T. P. Rogers, of Bloomington, McLean Co.

Dr. T. D. Fisher, of Leroy, McLean Co.

Dr. H. Noble, of Heyworth, McLean Co.

Drs. J. H. Tyler, D. W. Edmiston, W. W. Adams, C. Goodbrake, of Clinton, DeWitt Co.

Dr. L. T. Hewins, of Loda, Iroquois Co.

Dr. A. L. McArthur, of Joliet, Will Co.

Dr. R. E. McVey, of Waverly, Morgan Co.

Drs. S. T. Trowbridge, S. McBride, and E. W. Moore, of Decatur, Macon Co.

Dr. F. B. Haller, of Vandalia, Fayette Co.

Dr. N. Wright, of Chatham, Sangamon Co.

Dr. J. M. Steele, of Grandview, Edgar Co.

Dr. J. W. Redden, of Shawneetown, Gallatin Co.

The election of new members being in order, the following were nominated and unanimously elected:—

Dr. D. T. Whitnell, of Vienna, Johnson Co.
" A. N. Lodge, of Marion, Vermilion Co.
" J. J. Samuels, do do
" W. H. Veatch, of Pawnee, Sangamon Co,
" H. P. Merriman, of Chicago, Cook Co.
" F. E. Owens, do do
" S. M. Mitchell, of Attila, Williamson Co.
" R. T. Higgins, of Vandalia, Fayette Co.
" W. A. Elder, of Bloomington, McLean Co.
" D. A. Crist, do do

The following letter was received from the President, Dr. A. H. Luce, and read by the Secretary:—

BLOOMINGTON, *May 2d*, 1865.

Dr. C. R. PARK, *Secretary of Ill. State Med. Soc.:*

Dear Sir:—Owing to a severely painful affliction, I shall be compelled to forego the pleasure of attending the present meeting of the Society, and discharging the last duty of my honorable office. Hoping that you will have a pleasant and profitable Session; with my best wishes for the prosperity of our Association, and for the good of its Members individually,

I remain, yours truly, A. H. LUCE,
President Ill. State Med. Soc.

The following Committee of one from each county represented, was appointed to nominate officers, and fill the Standing Committees, for the ensuing year, viz.:—

Dr. N. S. Davis, of Cook County.
" J. M. Steele, of Edgar do
" A. L. McArthur, of Will do
" D. W. Edmiston, of De Witt do
" S. McBride, of Macon do
" L. T. Hewins, of Iroquois do
" W. J. Ballard, of McLean do
" F. B. Haller, of Fayette do

Dr. N. Wright, of Sangamon County.
" R. E. McVey, of Morgan do
" D. T. Whitnell, of Johnson do
" J. W. Redden, of Gallatin do

After a few minutes recess, Dr. R. E. McVey, Chairman of the Nominating Committee, reported the following officers for the ensuing year, viz.:—

For President—Dr. J. M. Steele, of Grandview.
Vice-President—Dr. F. B. Haller, of Vandalia.
2d Vice-President—Dr. C. Goodbrake, of Clinton.
Treasurer—J. H. Hollister, of Chicago.
Permanent-Secretary—N. S. Davis, of Chicago.
Assistant-Secretary—W. J. Chenoweth, of Decatur.

On motion, the report was accepted and unanimously adopted.

Drs. A. L. McArthur and S. T. Trowbridge were appointed a committee to conduct the newly elected officers to their places. Dr. McArthur introduced the President elect in a very appropriate manner. Dr. Steele, in taking the Chair, thanked the Soceity for the honor conferred upon him.

On motion, Dr. Young, of Ohio, was invited to take a seat in the Society, as a member by invitation.

On motion of Dr. J. H. Hollister, all members of the profession from other States, who might be present, were invited to participate in the meeting, as members by invitation.

Dr. J. H. Hollister offered the following preamble and resolution:—

Whereas, The members of the Illinois State Medical Society have learned with deep regret, that their esteemed President, Dr. A. H. Luce, is unable to be present, to preside over the deliberations of this Annual Meeting of the Society, and deeply sympathize with him in his affliction; therefore,

Resolved, That a committee of five be appointed to express to him, in reply to his communication, the assurances of our unwavering professional regard and personal esteem.

They were adopted, and the following gentlemen appointed

to constitute the committee—Drs. J. H. Hollister, S. T.Trowbridge, C. Goodbrake, L. T. Hewins, and N. S. Davis.

An invitation to visit the State Normal University, was received from the Principal of that Institution, which was accepted.

The reports of Standing Committees being called for in order, no communications of any kind were received from any of them.

On motion, adjourned until 2 o'clock, P. M.

AFTERNOON SESSION.

The Society met at 2 o'clock, P. M., the President, Dr. J. M. Steele, in the chair.

The report on "Spotted Fever," being the special order of business, Dr. J. S. Jewell gave an abstract of his report on that subject, which gave rise to an interesting discussion, participated in by Drs. A. L. McArthur, J. H. Hollister, S. T. Trowbridge, J. S. Jewell, C. Goodbrake, D. T. Whitnell, L. T. Hewins, T. P. Rogers, and N. S. Davis. It was evident, from the facts elicited during this discussion, either that several distinct diseases had been included under the name of Spotted Fever, or Cerebro-Spinal Meningitis, or that the disease is capable of arising from different causes, and under widely varying circumstances. In one locality in Michigan, its prevalence was alleged to have been directly connected with an immense quantity of decaying potatoes. In another locality, in this State, its origin was attributed to an extensive accumulation of the refuse cane, or sorghum, scattered over several acres of ground, and undergoing decomposition. By those who had served as medical officers in the army, it had been observed to occur most among those encamped in highly malarious localities. It was particularly frequent among those soldiers encamped on the Yazoo River. On the other hand, cases are reported to have occurred in localities supposed to be wholly destitute of malaria.

On motion, Dr. Jewell was requested to complete his report and transmit it to the Committee of Publication.

Dr. R. E. McVey, of Waverly read a paper, giving an account of an epidemic erysipelatous fever, which had occurred in his neighborhood. The subject of this paper elicited considerable discussion, after which it was referred to the Committee of Publication.

Dr. Hollister, in behalf of the committee to whom was referred the letter of the late President of the Society, Dr. A. H. Luce, reported the following:—

BLOOMINGTON, ILL., *May 2d*, 1865.

DR. A. H. LUCE, *President of the Ill. State Med. Soc.:*—

Dear Sir:—The undersigned were appointed a special committee of the State Medical Society, to reply to your communication, received this morning, and express to you our sincere regret that your bodily infirmity prevents you from presiding over the opening exercises of this Annual Meeting. We are instructed by the Society to express to you its sentiments of regard, in the following resolutions:—

Resolved, That the members of the Illinois State Medical Society have ever regarded the name and professional standing of Dr. A. H. Luce as a credit to our profession; that we have ever cherished for him sentiments of profound respect, both for his professional attainments and moral worth, and that our esteem was manifested in proffering to him the honor of the presidency of our State Society, as the most appropriate method by which our confidence could be expressed.

Resolved, That those sentiments of regard are *to-day unchanged;* that he has our sincere sympathy in his affliction, and, that we counsel and urge that, with the consciousness of his *worth* and *innocence*, he bear up bravely in his trials, assured that in the medical profession he has *true* and *trusty friends*, as *numerous* as are associates in it.

Resolved, That Drs. H. Noble, C. Goodbrake, and T. F. Worrell, be a committee, to convey to him this answer to his communication.

The above resolutions, unanimously expressing the sense of the Society, are placed by us in the hands of the committee

appointed to convey them to you. And we desire to remain, with unshaken confidence and esteem, your brothers in the medical profession.

JOHN H. HOLLISTER,
S. T. TROWBRIDGE,
C. GOODBRAKE,
L. T. HEWINS,
N. S. DAVIS,
} Committee.

On motion of Dr. A. L. McArthur, the report of the committee was accepted and adopted.

Dr. N. S. Davis, Permanent-Secretary, presented the following report, which was accepted, and referred to the Committee of Publication.

REPORT OF THE PERMANENT-SECRETARY AND COMMITTEE OF PUBLICATION.

Soon after the close of the last Annual Meeting of the Society, the undersigned notified the chairmen of all the committees of their appointment, and of the subjects assigned to them for investigation. About four months since, he also caused to be published in the two Medical Journals in this State, a notice of the time and place of the present Annual Meeting, specifying, also, the committees expected to report at the same.

Being furnished by the Treasurer with a list of the names of all such members as had paid their annual assessment for 1864, copies of the printed Transactions for that year, were mailed to each, with prepayment of postage.

In behalf of the Publishing Committee, he would state that, as soon as the several reports and papers could be collected together, the publication was commenced in the same manner as during the two preceding years, namely, in such a way as to reduce the cost to the paper and presswork. Still, owing to the extraordinary high price of paper, and the unusual quantity of matter to be printed, during the past year, the cost of publication has been greater than usual. 300 copies were published, at a cost of $219.76. Of this sum, $111.95 have been paid by the Treasurer, leaving a balance, unpaid, of $107.81. There are now, in the hands of the Secretary,

from 50 to 150 copies of the Transactions, for each year, since 1856. But all printed copies of the Constitution and By-Laws, belonging to the Society, are exhausted, and should be replenished, together with the Code of Ethics, and a complete list of members. All of which is respectfully submitted.

N. S. DAVIS,
Permanent Secretary.

Dr. J. H. Hollister, Treasurer, presented the following report, which, with the accompanying vouchers, was referred to an auditing committee, consisting of Drs. Hewins, Rogers, and Jewell:

J. H. HOLLISTER, *Treasurer*,
In acc't with ILL. STATE MED. SOCIETY,

1864.	*Dr.*	
May 3.—To Cash received from seventeen new members for initiations at date.....		$34 00
Cash for annual dues for 1864, from fourteen members of the above, see memoranda A.....		42 00
To Cash received from thirty-one permanent members, for annual dues for 1864, see memoranda B.....		93 00
To Cash received for back dues, for 1863, see memoranda C.....		4 00
		$173 00
1864.	*Cr.*	
May 3.—Paid for printing handbill and blanks, (voucher No. 1.).....		5 00
" 10.—Paid, on order of Committee of Publication, the bill for printing Transactions for 1863, (voucher No. 2.).....		56 05
July 28.—Paid an order of same, on account of printing Transactions for 1864, (voucher No. 3.).....		50 00
Carried over.....		111 05

1865.	Brought forward.....	111 05
April 8.—Paid an order of same, on account of same, (voucher No. 4).....		61 95
		$173 00

The amount paid to balance for indebtedness.....	$56 05
The amount paid on current expenses of the current year.....	116 95
Balance now due, for printing Transactions for 1864.....	107 81

Respectfully submitted.

J. H. HOLLISTER, *Treasurer.*

On motion, the annual assessment for the year 1865 was fixed at three dollars, for each member.

On motion, the Society adjourned 7½ o'clock P. M.

EVENING SESSION.

On the assembling of the Society, at 7½ o'clock P. M., the hall was thoroughly filled, with an intelligent audience of citizens, to hear a public address from Dr. N. S. Davis, of Chicago.

The President called the meeting to order, and introduced the speaker, who delivered an address on "The Nature of Medical Science, and its Relations to the Community." The address was listened to with marked attention; and, after its close, the audience retired, and the Society resumed the ordinary transaction of business.

On motion of the Chairman of the Committee of Arrangements, 10 o'clock, on Wednesday morning, was set apart, as the time for visiting the State Normal University.

On motion of Dr. McArthur, the Society agreed to meet at 8 o'clock, the following morning.

Dr. C. Goodbrake moved that the thanks of the Society be tendered to Dr. Davis, for his address, and that a copy be requested for publication.

Dr. F. B. Haller moved, as an amendment, that as soon as published in the Transactions, each member of the Society should endeavor to procure its publication in the leading newspaper of his section of the State.

The amendment was accepted, and the motion, as amended, was adopted.

The Society was invited to hold its next Annual Meeting in Chicago, and also in Decatur. After some discussion, Decatur was selected as the place for holding the next Annual Meeting.

The following gentlemen were regularly proposed, and unanimously elected as permanent members:

M. B. Skinner, of Mokena, Will County.
Josiah Brown, of Decatur, Macon do.
A. McBride, do. do.
J. C. Corbus, of Mendota, LaSalle do.
J. Lehmann, of Bloomington, McLean do.
Henry Conkling, do. do.
H. C. Luce, do. do.
J. W. Watters, of Selma, do.

Dr. Addison Niles, of Quincy, delegate from the Quincy Medical Society; and Dr. S. W. Noble, of Bloomington, permanent member, appeared, and took their seats.

On motion of L. W. Hewins, the Secretary was instructed to procure a suitable book, in which to enter the Constitution, and the names of all members who sign the same.

Dr. McArthur moved that the Treasurer be instructed to report the list of members who shall be delinquent in the payment of their dues, from year to year.

After some discussion, by Drs. Rogers, Steele, and Davis, the motion was lost.

On motion, the Society adjourned.

WEDNESDAY MORNING SESSION.

The Society was called to order by the President, at 8 o'clock A. M.

On motion of Dr. A. L. McArthur, of Joliet, Drs. H. Noble, J. H. Hollister, and M. B. Skinner, were appointed a committee to prepare resolutions, expressive of the feelings of the Society, concerning the assassination of the late President of the United States.

The report on Ophthalmology, being the special order, Dr. E. L. Holmes, Chairman of the Committee on that subject, presented an interesting report, which may be found in its proper place.

After some comments on that part of the report relating to the application of pressure in the treatment of severe conjunctivitis, and the use of muriate of ammonia in the treatment of iritis, by Dr. Davis; and the relation of a case of paraplegia, with total blindness, by Dr. Ballard, the report of Dr. Holmes was referred to the Committee of Publication.

The Secretary read a letter from Dr. D. Prince, of Jacksonville, stating that the report on Orthopedic Surgery was completed, but he was detained from attending the meeting of the Society, by the severe illness of his mother.

On motion, the report of Dr. Prince was referred to the Committee of Publication.

The Committee on Nominations then reported the following Committees for the ensuing year:

STANDING COMMITTEES.

Committee of Arrangements.—E. W. Moore, S. McBride, S. T. Trowbridge, J. Brown and E. S. Jones. W. J. Chenowith, Assistant Secretary.

Committee on Practical Medicine.—H. Noble, J. S. Jewell, F. B. Haller.

Committee on Surgery.—A. L. McArthur, L. T. Hewins, S. T. Trowbridge.

Committee on Drugs and Medicines.—F. R. Payne, T. D. Fitch, R. E. McVey.

Committee on Obstetrics.—C. Goodbrake, W. H. Veatch, C. R. Park.

SPECIAL COMMITTEES.

On Bromine and its Compounds as Remedial Agents, and the Pathological Conditions in which its Use is indicated.—Dr. J. H. Hollister, of Chicago.

On Ophthalmology.—Dr. E. L. Holmes, of Chicago.

On Paralysis, its Causes, Pathology and Principles of Treatment.—Dr. N. S. Davis.

The hour 10 o'clock having arrived, a recess was taken to visit the Normal University. Mr. Edwards, the Principal, together with the faculty and teachers of the University, gave the Society a very cordial reception; and, after a pleasant interchange of sentiments between Dr. Davis, in behalf of the Society, and Mr. Edwards, the company were conducted through the building, museum, etc., and returned highly gratified with their visit.

AFTERNOON SESSION.

The Society was called to order by the President at 1½ o'clock P. M.

Dr. N. Wright, of Chatham, read a paper on the Importance of Diuretics in the Treatment of Malarious Diseases, which was referred to the Committee of Publication.

Dr. Addison Niles, of Quincy, read the report of a case of Puerperal Fever, successfully treated, chiefly, with large doses of opium. The report was accepted, and referred to the Committee of Publication.

On motion of Dr. W. S. Noble, the Special Committees mentioned on pages 10 and 11 of the printed Transactions for 1864, were continued.

The following members were elected to represent the Society, as delegates, in the next Annual Meeting of the American Medical Association:

A. L. McArthur, M. D., of Joliet.
L. T. Hewins, M. D., of Loda.
J. W. Redden, M. D., of Shawneetown.
J. M. Steele, M. D., of Grandview.

J. S. Jewell, M. D., of Chicago.
H. Noble, M. D., of Heyworth.
T. F. Worrell, M. D., of Bloomington.
E. L. Holmes, M. D., of Chicago.
J. W. Freer, M. D., of Chicago.
E. W. Moore, M. D., of Decatur.
A. Niles, M. D., of Quincy.
A. W. Heise, M. D., of Joliet.
R. E. McVey, M. D., of Waverly.
L. Clark, M. D., of Rockford.
H. C. Luce, M. D., of Bloomington.
D. Prince, M. D., of Jacksonville.
D. Brainard, M. D., of Chicago.
W. A. Elder, M. D., of Bloomington.
J. Brown, M. D., of Decatur.
N. Wright, M. D., of Chatham.

The following resolutions were offered by the Secretary, and unanimously adopted:

Resolved, That the thanks of the Society be tendered to the Committee of Arrangements for the excellent manner in which they have attended to their duties; and for the hospitalities extended to us during the present meeting.

Resolved, That our visit to the State Normal University was highly gratifying to every member, and we regard the institution, under the direction of its present able Principal and Faculty, one of the most important educational institutions in our State.

Dr. H. Noble, in behalf the Committee appointed for that purpose, made the following report, which was unanimously adopted:

Mindful of the gloom that rests upon all loyal hearts, as the remains of our lamented President are being borne thro' our midst, to their last resting place; cherishing with inseperable affection with them all that is dear in home and a united land; ready at all times to render personal services and sacrifices for their preservation and defence, second to

no other class of men, we, the members of the Illinois State Medical Society, in Annual Session convened, desire to make record of our regard for our deceased Chief Magistrate, and the causes that led to his assassination, in the following resolutions:

1*st. Resolved*, That in the death of ABRAHAM LINCOLN, President of the United States, we mourn the loss of an able and pure patriot, a man of the people, allied to them by every tie of interest and affection, earnestly devoting every energy of his being to the integrity and welfare of the entire Union, stricken down by a ruthless and dastard hand, aimed not at himself, but the heart of the American Republic.

2*d. Resolved*, That in the assassination of the President are manifest the legitimate fruits of that spirit which gave birth to and fostered the rebellion. That to indifferent opposition, and even expressions of encouragement from portions of the Northern press, and the too great leniency of all our people toward treason and traitors, have rendered us all, in a measure, guilty of this mournful result.

The President is slain, but the Government still survives; and we here pledge to it a zealous and resolute support in all measures necessary to arrest and punish treason. We pledge ourselves to sustain our Government with strong arms.

3*d. Resolved*, That we commend to the favorable consideration of American youth, the life and services of our Lamented President, as a brilliant evidence of what are possibilities within the reach of the humblest child of our Commonwealth.

H. NOBLE, *Chairman*,
J. H. HOLLISTER,
M. D. SKINNER.

On motion, the Society then adjourned, to meet in Decatur, on the first Tuesday of May, 1866.

N. S. DAVIS,
Permanent Secretary.

BOOK NOTICES AND REVIEWS.

Proceedings of the American Pharmaceutical Association, at the 12th Annual Meeting, held in Cincinnati, Ohio, Sept., 1864. Also, the Revised Constitution and Roll of Members. Merrihew & Son, Printers, Philadelphia.
For sale by E. H. Sargent, Manufacturing Pharmaceutist, corner of State and Randolph Streets, Chicago, Ills. Price $1.50.

This is a work of 350 pages; and while it contains much that renders it of the first importance to the Pharmaceutist, it will also be read with profit by the Physician. We have taken the liberty to copy into the present number of the JOURNAL a portion of the Report on Dialysis, by William Proctor, Jr.

The Dispensatory of the United States of America.—By Geo. B. Wood, M. D., and Franklin Bache, M. D. Twelfth Edition—Carefully Revised. Published by J. B. Lippincott & Co. Philadelphia: 1865. For sale by S. C. Griggs & Co., 39 and 41 Lake Street, Chicago, Ills. Price, $10.

The new edition of the U. S. Dispensatory is at length presented to the profession, by whom, for some time, it has been anxiously looked for. It is issued in the same general style as former editions have been, while above two hundred pages have been added to its matter, and it has been made to conform to the new edition of the U. S. Pharmacopœia, containing all the new official remedies; and such others as, from their general interest, or utility, are thought worthy a place in its pages, and in an abridged form is brought fully up to the present status of the profession in Materia Medica, Therapeutics and Pharmacy. It is a text book in all our Medical Schools, and will be found an essential addition to the library of every practicing Physician.

—The American Medical Association will hold its sixteenth annual meeting in Boston, June 16th, 1865.